



FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 010-060	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
RON HARSIN CARPENTERS AFL-CIO LU 2851 62827 BOOTH LANE LA GRANDE, OR 97850  (3) 010-060 540 6/2001			8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No				
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
57. SIGNED: <u>Mike Moran</u> <u>11/11/01</u> (541) 963-5749 Date Telephone Number		PRESIDENT (If other title, see instructions.)		58. SIGNED: <u>Sherry McNeil</u> <u>11/11/01</u> (541) 963-3768 Date Telephone Number
		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

310

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$

17500

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO YEAR
08 2002

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 36 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 200
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 010-060

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. ALEXANDER DOUG Title COMMITTEE Status C		1552		1552
2. BETLACH ROBERT Title COMMITTEE Status P		2300		2300
3. BINGHAM SCOTT Title COMMITTEE Status C		559		559
4. BURKE NORMAN Title VICE PRESIDENT Status C		2013		2013
5. CANTRALL CALVIN Title TRUSTEE Status C		600		600
6. CLEVELAND MICHAEL Title COMMITTEE Status C		1363		1363
7. HALSEY WILLIAM Title COMMITTEE Status C		1303		1303
8. Totals from additional pages (if any)				26829
9. Totals of Lines 1 through 8				9690
		10. Less Deductions 0		
Enter the Total from Line 11 in Item 45 ⇒		11. Net Disbursements 36519		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 010-060

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	51 697	51 687	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	2212	667
	29. Fixed Assets	67 987	64 145	36. TOTAL LIABILITIES	2212	667
	30. Other Assets	0	0			
	31. TOTAL ASSETS	119 684	115 832	37. NET ASSETS (Item 31 less Item 36)	117 472	115 165

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	136 455	45. To Officers (from Item 24)	36 519
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	78 320
	41. Interest & Dividends	1425	48. Office & Administrative Expense	9 517
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	11 50
	43. Other Receipts	2900	50. Benefits	0
	44. TOTAL RECEIPTS	140 780	51. Contributions, Gifts & Grants	0
			52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	15 284
			55. TOTAL DISBURSEMENTS	140 790

If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.

ORGANIZATION NAME: CARPENTERS AFL-CIO

ENDING DATE OF PERIOD COVERED: 6-30-2001

FILE NUMBER: 010-060

PAGE 1 OF 2 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name <u>HARSIN</u> First Name <u>RONALD</u> Title <u>FIN SECRETARY</u> Status <u>C</u>		<u>4816</u>		<u>4816</u>
Last Name <u>HUDSON</u> First Name <u>STEVEN</u> Title <u>COMMITTEE</u> Status <u>C</u>		<u>447</u>		<u>447</u>
Last Name <u>GORHAM</u> First Name <u>MERRILL</u> Title <u>COMMITTEE</u> Status <u>C</u>		<u>1691</u>		<u>1691</u>
Last Name <u>JOHNSON</u> First Name <u>HARLAN</u> Title <u>COMMITTEE</u> Status <u>C</u>		<u>1087</u>		<u>1087</u>
Last Name <u>LAMBERT</u> First Name <u>GUY</u> Title <u>TRUSTEE</u> Status <u>C</u>		<u>1481</u>		<u>1481</u>
Last Name <u>MCNEIL</u> First Name <u>SHERRY</u> Title <u>TREASURER</u> Status <u>C</u>		<u>2259</u>		<u>2259</u>
Last Name <u>MOORHEAD</u> First Name <u>DWAYNE</u> Title <u>COMMITTEE</u> Status <u>C</u>		<u>1579</u>		<u>1579</u>
Last Name <u>MORAN</u> First Name <u>MICHAEL</u> Title <u>PRESIDENT</u> Status <u>C</u>		<u>4748</u>		<u>4748</u>
Totals		<u>18108</u>		<u>18108</u>

ORGANIZATION NAME: **CARPENTERS AFL-CIO**

ENDING DATE OF PERIOD COVERED: **JUNE 30, 2001**

FILE NUMBER: **010-060**

PAGE **2** OF **2** ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name NEUSTEL Title COMMITTEE	First Name TERRY Status P	1287		1287
Last Name SMITH Title WARDEN	First Name DAVID Status C	1066		1066
Last Name ZEMKE Title REC SECRETARY	First Name JERRY Status C	4110		4110
Last Name GORHAM Title COMMITTEE	First Name TODD Status C	752		752
Last Name LOCKEN Title COMMITTEE	First Name DAN Status N	399		399
Last Name ROULET Title COMMITTEE	First Name JAN Status N	1107		1107
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Totals		8721		8721